CS-1753 REV 5/2002

State of Michigan Department of Civil Service BUREAU OF HUMAN RESOURCE SERVICES

400 South Pine Street, P. O. Box 30002, Lansing, MI 48909

AGENCY CANDIDATE CREDENTIAL REVIEW CERTIFICATIONS

Please list the name, Civil Service classification, and the type of classifications that each will review. You may identify specific classifications for each staff person to review on a separate sheet. Submit this form to your Civil Service Bureau of Human Resource Services liaison.			
Agency (Process Level)	Contact Person		Telephone Number
1. Name	☐ Group One Worker	☐ Group Two Worker	☐ Group Two Specialist
Classification	Group Three Supervisor	Group Three Manager	SES/Group Four
2. Name	☐ Group One Worker	☐ Group Two Worker	☐ Group Two Specialist
Classification	☐ Group Three Supervisor	☐ Group Three Manager	☐ SES/Group Four
3. Name	☐ Group One Worker	☐ Group Two Worker	☐ Group Two Specialist
Classification	Group Three Supervisor	Group Three Manager	SES/Group Four
4. Name	☐ Group One Worker	Group Two Worker	☐ Group Two Specialist
Classification	☐ Group Three Supervisor	☐ Group Three Manager	SES/Group Four
5. Name	☐ Group One Worker	Group Two Worker	Group Two Specialist
Classification	☐ Group Three Supervisor	☐ Group Three Manager	SES/Group Four
6. Name	☐ Group One Worker	☐ Group Two Worker	☐ Group Two Specialist
Classification	☐ Group Three Supervisor	☐ Group Three Manager	SES/Group Four
In accordance with Standard D2 of Civil Service Regulation 3.04, Selection of Employees for Position Vacancies from an Agency Created Applicant Pool, the individuals listed above have completed the necessary training and are nominated to review credentials for classifications preauthorized to this agency.			
Appointing Authority's Signature		Date	
Civil Service Approval		Date	